

STATE OF IDAHO – STARS
REQUEST FOR APPROPRIATION EARLY REVERSION

AGENCY NAME: _____

AGENCY CODE: _____

BATCH NUMBER: _____

BUDGET UNIT: _____

FUND/DETAIL: _____

EXP OBJECT: _____

AMOUNT TO BE
REVERTED: _____

-or-

AMOUNT TO BE
REINSTATED: _____REASON FOR EARLY REVERSION:

MARK ALL BOXES TO SHOW THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING REQUIREMENTS FOR EARLY REVERSION OF AN APPROPRIATION:

- ☐ I understand that I am making an early reversion (voluntary reduction) of my current year appropriation.
- ☐ I understand that I can reinstate all or part of this early reversion as long as the fiscal year has not closed.
- ☐ I understand that once the fiscal year is closed, I will not be able to request reinstatement of this appropriation amount.

AGENCY APPROVAL: _____

DATE: _____

DFM APPROVAL: _____

DATE: _____

DFM Analysts should release the above batch and forward this signed document to the SCO Statewide Accounting as approval for SCO to release the batch.